

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Thomas E Bailey Jr

Billed
FOR CREDIT TO THE U.S. TREASURY
00004667

JUL 23 2019

WJ

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Books County Jail System
Health Department
Police

Jesse Kirsch MD

Janine Wigley (Warden)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Thomas Earl Bailey Jr

ID # 208883757

Current Institution Berks County jail System

Address 12817 County Welfare Road

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: Yes No
(check one)

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Janine Quigley Shield # _____
 Where Currently Employed Bucks County Jail Systems
 Address BCJS 1287 County Welfare Road
Leesport, PA 19533

Defendant No. 2

Name Jesse Kirsch M.D. Shield # _____
 Where Currently Employed BCJS in Prime care
 Address BCJS 1287 County Welfare Road
Leesport, PA 19533

Defendant No. 3

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Bucks County
Jail System

B. Where in the institution did the events giving rise to your claim(s) occur?

med line
and medical unit

C. What date and approximate time did the events giving rise to your claim(s) occur?

every day morning
and nightmeds

What happened to you?

D. Facts: I am forced to take phenobarbital every day twice a day. I tried not taking it and they threaten to move me to medical unit. they give it to me for epilepsy or condition I do not and never had. I tried.

Who did what?

Was anyone else involved?

No just me that I know of

Who else saw what happened?

it happens every day so all of medical

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

it has effects on my memory and other side effects including a dependency.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Berks county jail system

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No Do Not Know

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Berks county jail system

1. Which claim(s) in this complaint did you grieve? _____

the giving of phenobarbital

2. What was the result, if any? no res/no response

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I asked medical why they give it to me and for them to provide me with documentation on the drug and for both they told me to have my family contact the provider

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: I asked the nurses administering the drug to no avail

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Berks county jail

System has been doing this to me for years now I only recently found out

that when I stop taking it I go through withdrawal and also just started feeling and experiencing some of the side effects of the drug.

I'd like them (BCJS) (redacted) (redacted) to be furnish and I would like compensation for what I have been through. Warden Janene Quigley for allowing it to continue for so long. I am asking for \$500,000 compensation

(redacted)

and From Prime Care's Jesse Kirsch M I'm asking \$500,000 compensation

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

On these claims

Yes No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes _____ No _____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court?

On
other
claims

Yes _____ No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

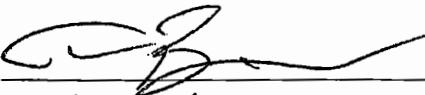
6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 22 day of June, 2019.

Signature of Plaintiff 

Inmate Number 2800 JMSZ

Institution Address BCU5
12817 County Welfare Rd
Lewistown, PA 17043

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 22 day of June, 20 19, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: C-Biz

NAME: *Thomas Baker*
BCP/2000 2457
HOUSING UNIT G15
BERKS COUNTY JAIL SYSTEM
1297 COUNTY WELFARE RD
LEESPORT, PA 19533-0397

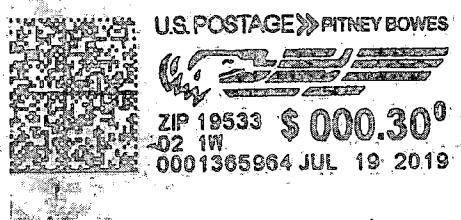


United States District Court
Middle District PA
228 Walnut St.
Harrisburg PA 17101

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